

Exhibit B

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF MICHIGAN

RONALD DUANE SORTLAND and)	
VIRGINIA SORTLAND,)	No. 1:19-cv-644
Plaintiffs,)	
)	Judge Robert J. Jonker
v.)	
)	Magistrate Judge Ray Kent
CYTHNIA COLOMBEL-SINGH, and)	
DANIELLE PATRICK,)	
Defendants.)	
)	

**DECLARATION OF MICHELLE GRIFFIN, SUPERVISORY MANAGEMENT ANALYST,
SOCIAL SECURITY ADMINISTRATION**

I, Michelle Griffin, pursuant to 28 U.S.C. § 1746, hereby declare as follows:

1. I have been employed by the Social Security Administration (“SSA” or the “agency”) since September 2003. My current title is Supervisory Management Analyst in the Office of Media and Logistics Management, and I have been in this position since October 2010.

2. My duties relate to the maintenance of official forms and other publications of the Social Security Administration. My office is located in Baltimore, Maryland. I have access to historical copies of forms and other publications used by the Social Security Administration. SSA regularly maintains historical copies of forms and other publications in the course of ordinary business. The forms and publications are made and stored at or near the time of their creation and use by—or from information transmitted by—someone with knowledge of the same. The forms and publications are SSA records setting out the SSA’s activities while under a legal duty to report.

3. The current version of Form SSA-3105, *Important Information About Your Appeal, Waiver Rights, and Repayment Options*, is available at <https://www.ssa.gov/forms/ssa-3105.pdf>. This form bears a publication date of 12-2017 and an OMB approval number of 0960-0779.

4. The previous version of Form SSA-3105, *Important Information About Your Appeal, Waiver Rights, and Repayment Options*, with a publication date of 04-2013 and an OMB approval number of 0960-0779, is attached to this declaration as Exhibit 1. The SSA used this version of Form SSA-3105 in December 2015.

5. In accordance with 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Done this 6th day of December at Baltimore, Maryland.



Michelle Griffin
Supervisory Management Analyst
Social Security Administration

Exhibit 1

**Privacy Act Statement - Collection and
Use of Personal Information**

Sections 204, 1631(b), and 1870 of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to make a determination on waiving overpayment recovery or changing your repayment rate.

Furnishing us this information is voluntary. However, failing to provide all or part of the information could prevent us from approving your request.

We rarely use the information you supply for any purpose other than for determining a waiver or change in the repayment rate of an overpayment recovery. However, we may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and,
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of Social Security programs (e.g., to the Bureau of Census and to private entities under contract with us).

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally-funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

5.

A complete list of routine uses of the information you gave us is available in our Privacy Act Systems of Records Notices entitled, Claims Folder System, 60-0089, Master Beneficiary Record System, 60-0090, and 60-0094, Recovery of Overpayments, Accounting and Reporting/Debt Management System. Additional information about these and other systems of records notices and our programs are available from our Internet website at www.socialsecurity.gov or at your local Social Security office.

Paperwork Reduction Act Statement -

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions.

SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

6.

**IMPORTANT INFORMATION ABOUT
YOUR APPEAL, WAIVER RIGHTS,
AND REPAYMENT OPTIONS**

If you think we made a mistake when we decided that you were overpaid or in the amount of the overpayment, you have the right to ask us to look at the overpayment decision again within 60 days of this notice. This is called a RECONSIDERATION. (See next page for an explanation.)

Even if you agree that you were overpaid, you have the right to ask that we do not recover the overpayment. This is called a WAIVER. (See next page for an explanation.)

You have the right to ask for either Reconsideration, Waiver, or both. You may also wish to use one of the repayment options listed on page 4.

**HOW TO REQUEST WAIVER OR
RECONSIDERATION**

You or someone who will represent you should call, write or visit your local Social Security office to help you complete the necessary forms which are:

- SSA-561-U2, Request for Reconsideration
- SSA-632-F4 Request for Waiver of Overpayment Recovery or Change in Repayment Rate

You may find these forms online at www.socialsecurity.gov If you want to request Reconsideration or Waiver, but do not want to call or visit an office, fill out the tear-off form on the last page of this notice. Return the completed form in the enclosed self-addressed envelope.

1.

RECONSIDERATION

If you request Reconsideration, the overpayment decision will be reviewed by a Social Security employee who did not participate in the original overpayment decision.

If you request Reconsideration within 30 days from the date of this notice, we will not start to withhold any part of your benefits. However, after 30 days we will start to withhold part or all of your benefits.

If you request Reconsideration within 60 days from the date of this notice, we will suspend any withholding while the overpayment decision is being reviewed. Also, if we asked you to refund the overpayment, you will not have to make any refund while the overpayment decision is being reviewed.

If you do not appeal within the 60 day time limit, you may lose your right to this appeal. If you have a good reason (such as hospitalization) for not appealing within the time limits, we may give you more time. A request for more time must be made to us in writing, stating the reason for the delay.

WAIVER

If you request Waiver of recovery of the overpayment and your request is approved, you will not have to repay the overpayment.

We will approve your waiver request if:

1. The overpayment was not your fault and repaying it would mean you could not pay your necessary living expenses, OR
2. The overpayment was not your fault and repaying it would be unfair to you.

2.

There is no time limit on your right to request waiver.

If you request Waiver within 30 days from the date of this notice, we will not start withholding any part of your benefits.

If you request Waiver after 30 days, we will suspend any withholding while we consider your Waiver request. If we asked you to refund the overpayment, you will not have to make any refund while your waiver request is being considered.

If we cannot approve your Waiver request, we will contact you to schedule a Personal Conference. At that conference, you or your representative may explain why you should not have to repay the overpayment.

Also, you or your representative may present witnesses on your behalf and, if you wish, question any witnesses that we used in making the determination being reviewed.

We will notify you in writing of the result of your Waiver request, and whether you must repay the overpayment. That notice will explain your right to appeal. If you do not want a Personal Conference, you still have the right to appeal. We will notify you of other appeal rights.

**BE SURE TO CALL THE SOCIAL
SECURITY ADMINISTRATION AT
1-800-772-1213 (TTY 1-800-325-0778) IF
YOU HAVE ANY QUESTIONS**

If you wish to mail your request for a Reconsideration of the overpayment, Waiver of recovery of the overpayment, or both; or if you wish to use one of the repayment options listed in the next column, please check the appropriate block, fill out the identifying information and return it in the enclosed self-addressed envelope.

3.

- ☐ I am requesting a Reconsideration (I disagree with the amount of the overpayment or the fact that I was overpaid).
- ☐ I am requesting a Waiver (the overpayment was not my fault and I cannot afford to repay).
- ☐ I am requesting both Reconsideration and Waiver.
- ☐ I want \$_____ withheld from my monthly Social Security check to repay the overpayment.
- ☐ I am no longer receiving benefits and want to repay the overpayment in monthly installments. Enclosed is my first refund of \$_____.
- ☐ I am requesting an explanation of the overpayment.
- ☐ I am enclosing a full refund of the overpayment.
- ☐ Other (Please explain on a separate sheet of paper).

YOUR SOCIAL SECURITY CLAIM NUMBER

____ / ____ / ____

YOUR NAME (PRINT)

YOUR ADDRESS (PRINT)

CITYand STATE

ZIP CODE

YOUR DAYTIME TELEPHONE NO. (include area code)

DATE

4.